

# MISSOURI DEPARTMENT OF TRANSPORTATION

Complete one form per trainee per contractor

Submit To: District Construction Office

| <b>CAT TRAINEE NOTIFICATION / APPROVAL / UPGRADE</b>   |                      |  |                     |
|--|----------------------|--|---------------------|
| <b>Contractor</b>  |                      |  | <b>Date</b>         |
| <b>Current Status</b><br><input type="checkbox"/> New Hire <input type="checkbox"/> Upgrade  |                      | <b>Craft*</b>  | <b>Date Hired</b>   |
| <b>Date Training to Begin</b>  |                      | <b>Remaining Hours to Complete Training Program</b>                        |                     |
| <b>Training Program</b>  |                      |  |                     |
| <b>Trainee Name</b>  |                      | <b>Trainee Home Address</b>  |                     |
| <b>City/State</b>  |                      |  | <b>Zip</b>          |
| <b>Home Phone</b>  | <b>Date of Birth</b> | <b>Sex</b><br><input type="checkbox"/> M <input type="checkbox"/> F        |                     |
| <b>Social Security Number</b>  |                      | <b>Veteran</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                     |
| <b>Ethnic Background</b><br><div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> African American</div> <div><input type="checkbox"/> Hispanic</div> <div><input type="checkbox"/> Native American</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Asian American</div> <div><input type="checkbox"/> Caucasian</div> <div><input type="checkbox"/> Other Disadvantaged</div> </div> |                      |  |                     |
| <b>Name of Trainee's Direct Supervisor &amp; Phone Number</b>  |                      |  |                     |
| <b>Davis-Bacon</b><br><div style="display: flex; justify-content: space-between;"> <span>Base Wage</span> <span>X</span> <span>% of Pay =</span> </div>  |                      |  | <b>Trainee Wage</b> |
| <b>Signature:</b> _____<br><div style="display: flex; justify-content: space-between;"> <span><b>Company Representative</b></span> <span><b>Date Reviewed</b></span> </div>  |                      |  |                     |
| <b>Signature:</b> _____<br><div style="display: flex; justify-content: space-between;"> <span><b>MoDOT Representative*</b></span> <span><b>Org Code</b></span> <span><b>Date Reviewed</b></span> </div>  |                      |  |                     |
| <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Approved</span> <span><input type="checkbox"/> Disapproved</span> </div>   |                      |  |                     |

Documentation must be attached verifying enrollment of this trainee in an approved program.  
 All labor classifications are to be approved by General Headquarters.

Note: If any part of the training is to be provided by subcontractor: \_\_\_\_\_  
**Subcontractor Name**

Distribution of Completed & Approved Form:    ☐ CO/MA-External Civil Rights    ☐ District Office    ☐ Contractor    ☐ Resident Engineer